



# COMMONWEALTH of VIRGINIA

## Department for the Aging

Julie Christopher, Commissioner

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**Note:** The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.

*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*  
Julie Christopher., Commissioner

**MEMORANDUM**

**TO:** Directors and Program Staff,  
Area Agencies on Aging

**FROM:** Bill Peterson

**DATE:** July 18, 2006

**SUBJECT: Additional Follow-Up: Identity & Citizenship Documentation for Medicaid**

This is a follow-up to the email memos sent on June 13, 2006 (06-123) and June 20, 2006 (06-136). Please pull up these memos to review the new documentation requirements for citizenship.

Two weeks ago, CMS announced an easing of the citizenship documentation requirements enacted as part of the Deficit Reduction Act (DRA): Older people and people with disabilities who currently receive Medicare or SSI will be considered to have already met documentation requirements, so the new rules will not apply to them. In addition, states may document citizenship and identity by using data matches with government agencies and school records (for children). I suspect we will be receiving more details on this process in the future.

According to CMS, a signed affidavit to validate citizenship should only be used in "rare circumstances." Also, "self-attestation (i.e., providing a written statement as proof of U.S. citizenship, a current practice in some states) will no longer be considered sufficient to document citizenship. Note that CMS says that "current beneficiaries should not lose benefits during the period in which they are undertaking a good faith effort to provide documentation to the state."

Remember that CMS will review the percentage of applications that each state approves using affidavits. If a state exceeds a certain percentage of these applications, CMS may conduct an audit and penalize the state.

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**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**AND:** Nutrition Directors  
Disease Prevention and Health Promotion Coordinators

**FROM:** Elaine S. Smith, MS, RD  
Program Coordinator

**DATE:** July 18, 2006

**SUBJECT:** 2006 Active Aging Week September 25-October 1, 2006

Now is the time to start planning for **Active Aging Week, September 25-October 1, 2006**. Sponsored by the International Council on Active Aging, the fourth annual Active Aging Week heightens awareness of the health benefits of leading an active and healthy lifestyle. During this national health observance, hundreds of fitness and wellness facilities will open their doors to older adults, offering free fitness classes, educational sessions, and more.

For more information and free professional resources to help you plan a super event to promote active aging, visit <http://www.icaa.cc/aaw.htm>

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**MEMORANDUM**

**TO:** Directors  
Area Agencies on Aging

**FROM:** Bill Peterson

**DATE:** July 18, 2006

**SUBJECT: Medicaid Revitalization Committee**

HB 758 passed by the 2006 General Assembly established the Medicaid Revitalization Committee. The Committee's charge is to consider a number of reforms to Virginia's Medicaid program including the creation of a financial incentive structure to promote increased personal reasonability and accountability among Medicaid recipients, the creation of additional managed care service delivery options for recipients, the creation of health benefits accounts, and other potential program enhancements that will benefit recipients and slow the future growth of the Medicaid program.

Membership on this Committee is limited to 15 persons and includes Diana Wallace representing V4A. The Committee held its first meeting on Friday, July 14, 2006 and must submit a report to the General Assembly by December 1, 2006.

To learn more about the work of the Committee, to see a copy of HB 758, and to read minutes of the Committee's meetings go to [www.dmas.virginia.gov/](http://www.dmas.virginia.gov/) and click on the Medicaid Revitalization Committee link under "what's new." Comments and suggestions may be sent to the Committee at the following email address: [mrc@dmas.virginia.gov](mailto:mrc@dmas.virginia.gov).

**COMMONWEALTH of VIRGINIA**  
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**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Ellen M. Nau, Human Services Program Coordinator

**DATE:** July 18, 2006

**SUBJECT:** National Family Caregiver Support Program

**Responding to Elder Abuse and Domestic Violence in Later Life:** Safety, Accountability, Services, and Collaboration – Conference – August 24 and 25, 2006 sponsored by the Richmond Police Department, Virginia Center on Aging, Virginia Coalition for the Prevention of Elder Abuse, Central Virginia Task Force on Older Battered Women at the Doubletree Hotel Richmond Airport, Sandston. This conference is designed for target audiences in the areas of: law enforcement, prosecutors, attorneys, judges, health care providers, social workers, the aging network, adult protective services, domestic violence programs and sexual assault programs. The keynote address will be given by The Honorable Robert F. McDonnell, Attorney General of Virginia. For further information on the agenda and registration, please consult the attached pdf.

**Caregiver Stress**

In reference to the June 13 Tuesday Mailing that reported on the May 17 Teleconference hosted by the National Center on Caregiving at the Family Caregiver Alliance (FCA) that urges assessing caregivers as well as their loved ones who are seeking services. Many articles on caregiver stress, causes and solutions can be located at **Pubmed Medline** National Library of Medicine's medline and pre-medline database <http://www.ncbi.nih.gov/entrez/>. An entry of Caregiver and family burden in the search link yield 918 articles from around the world on various issues faced by caregivers of individuals with a variety of diseases including dementia. Medline usually offers a summary as well as citation of the original article. Many local hospitals have medical libraries or you can open a medline account to purchase articles from a variety of sources. A review of caregiver assessment instruments constructed between 1983 and 1996 can be found at <http://www.gwu.edu/~cicd/toolkit/caregive.htm>, website for the Center to Improve Care of the Dying that was located at George Washington University. Guidelines for

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constructing an assessment instrument for your clients' caregivers can be located at the Family Caregiver Alliance website,  
[http://www.caregiver.org/caregiver/jsp/content\\_node.jsp?nodeid=1630](http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=1630)

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**MEMORANDUM**

**TO:** Directors  
Area Agencies on Aging

**FROM:** Bill Peterson

**DATE:** July 18, 2006

**SUBJECT: Media Coverage of the Heat Wave**

It appears that the media have been doing a good job of covering the potential health-related dangers posed by the current heat wave. I believe that the tragedy in Chicago back in the 1990s when hundreds of older persons died from heat stroke and other heat-related illnesses has heightened the media's awareness of the particular threat to older persons posed by extremely hot weather.

However, if your local newspapers or radio stations have not been providing warnings about the dangers of hot weather, then please consider approaching them to include an article this week. You can provide them with the information found at the Centers for Disease Control (CDC) web page:  
<http://www.bt.cdc.gov/disasters/extremeheat/heattips.asp>. Or, you can share the information on the attached page.

Also, you may want to consider having your staff call or contact those clients who live alone to determine how they are coping with the hot weather. Do they have an air conditioner they can afford to operate? Do they have fans? Is there someplace they can go to get relief from the heat (neighbor, local library, supermarket, drug store, etc.)? Is a family member or friend checking on them every day?

Attachment

## **When Hot Weather Turns Fatal**

NEW YORK, June 13 (Reuters) -- As summer heats up, health officials warn that hot weather can prove fatal, especially to the very young and the elderly. An average of nearly 400 heat-related deaths occur in the United States each year, health officials say.

A new Centers for Disease Control and Prevention (CDC) report explains that many of those deaths are clearly due to hyperthermia -- a fatal overheating of the body. However, the agency points out that many other deaths may be due to cardiovascular or respiratory diseases exacerbated by high temperatures. When these fatalities are factored in, "deaths attributed to hyperthermia represent only a portion of heat-related excess mortality," the CDC say.

Arizona, Arkansas, Kansas, and Missouri ranked highest in the nation in terms of numbers of heat-related deaths in the period 1979-1994, say agency officials.

The very young and very old are at highest risk. The CDC report one case in Dallas of a 10-month-old girl left alone in a car from 9:30 a.m. until her discovery at 2:45 that same afternoon. Outside temperatures on this hot February day in Texas reached 90 degrees Fahrenheit, and the core body temperature of the baby girl, who was found "unresponsive," was 108 degrees F. She died despite emergency room attempts at cardiopulmonary resuscitation.

In another case, a 61-year-old Texas woman was found dead in her non-air-conditioned bedroom at noon on a summer's day. Although a fan was in operation, room temperature still approached 107 degrees F. Hyperthermia, perhaps in tandem with a heart condition, was listed as the cause of death.

Physical activity in hot weather conditions, coupled with a history of heart disease, can also prove a fatal mix. One 52-year-old Dallas county man collapsed on a neighbor's porch after mowing his lawn in 109 degree F heat. The CDC say his "primary cause of death was listed as hyperthermia," with hypertension and heart disease listed as secondary causes.

Excessive heat can bring on heat stroke. The CDC call heat stroke a "medical emergency" which can escalate within minutes. Its warning signs include lethargy, disorientation, delirium, and coma.

Less dangerous, but still serious, is the heat exhaustion usually brought on by extended exposure to periods of high heat. Dizziness, weakness or fatigue are the main symptoms, and replacement of lost fluids and electrolytes is essential to recovery.

Heat syncope (fainting) and cramps "are usually related to physical exertion during hot weather," according to the CDC. Lying down and electrolyte replacement are the typical treatments for these two conditions.



Some may be more at risk for health-related illness than others. Besides the young and elderly, those taking certain medications (antipsychotics, tranquilizers, some antidepressants, antihistamines, nonprescription sleeping pills, and drugs to counter Parkinson's disease) are also at heightened risk. And another factor: "alcohol consumption may cause dehydration," CDC officials explain, "which increases the risk for heat-related illness."

It is often the isolated, lower-income elderly who are most at risk when temperatures soar. "The elderly should be encouraged and assisted in taking advantage of air-conditioned environments (e.g., shopping malls, public libraries, and heat-wave shelters), even if only for part of the day," say CDC officials. Cool-water baths can help keep body temperatures down as well. However, the CDC warn that fans alone do little to reduce room temperatures, and should not be relied upon for real heat relief.

SOURCE: Morbidity and Mortality Weekly Report (1997;46(23):528-531)